

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000076551

**Entity Name:** DAYFLEX, LLC

**Current Principal Place of Business:**

5577 NW 105TH CT  
MIAMI, FL 33178

**Current Mailing Address:**

5577 NW 105TH CT  
MIAMI, FL 33178 US

**FEI Number:** 83-4160565

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRESPO, ALEJANDRO A  
6260 SW 72ND ST #206  
MIAMI, FL 33173 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR/MGR  
Name CABAL, ARTURO  
Address 5577 NW 105TH CT  
City-State-Zip: MIAMI FL 33178

Title AMBR  
Name CEPEDA, OMAR ESPINEL  
Address 5577 NW 105TH CT  
City-State-Zip: MIAMI FL 33178

Title AMBR  
Name SANABRIA DURAN, CLAUDIA ROCIO  
Address 5577 NW 105TH CT  
City-State-Zip: MIAMI FL 33178

Title AMBR  
Name CABAL, LILIAN R  
Address 5577 NW 105TH CT  
City-State-Zip: MIAMI FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARTURO CABAL

**PRESIDENT**

**01/19/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date